

made reference to the fact that some of those who are the poorest in terms of health care delivery unfortunately seem to live in the shadows of some of our major teaching hospitals.

We have a special committee studying this under the chairmanship of Dr. LaSalle.

Perhaps Dr. LaSalle might have a few specific comments to make in relation to the poor in the urban areas and major centres relative to health care delivery.

**Dr. G. LaSalle, Chairman, Committee on Medically Disadvantaged—Urban, Canadian Medical Association:** Mr. Chairman, members of the Senate, ladies and gentlemen, I do not think I should belabour the points that are in this brief or that have been emphasized by Dr. Bennett.

There is one point that struck me as a member of society and this is the influence that our technical world is having on unemployment. Years ago there were a certain percentage of jobs that could be held by people whose reflexes were not very acute, people whose intelligence might be a little lower than others. They worked in shanties during the wintertime, and they could work on farms as helpers, in institutions as cleaners and in elevators. But all these jobs have been eliminated. They cannot work on prosperous farms today. You have to have brains, and probably more brains to be successful farmer today than in any other job. You have to have brains to work in a shanty in the wintertime nowadays because they use some very complicated and dangerous equipment—dangerous to manoeuvre.

The same thing applies to jobs in our institutions. They have all been eliminated. So this is one point where our technology interferes in the economies of our society by creating a new kind of unemployed.

The second point I wanted to mention is the awakening that we have seen in the past five years among those interested in medical care on the sad state of health of those who live in the neighbourhood of our great international medical centres. We have seen it across the border in Boston; we have seen it in New York, and we have seen it at Johns Hopkins in Baltimore. The same would apply, I suppose, to Detroit and Chicago. We also have it in Montreal. This is one problem that the Canadian Medical Association has asked me to study with a group of my colleagues. As a matter of fact, the group that just preceded us from Pointe St. Charles are just a stone's throw from some of the best institutions in the world, and the state of health of those people is far from being up to par.

Mr. Chairman, that is the only comment that I have.

**Dr. D. Cappon, Professor, Urban and Environmental Studies, York University:** I think earlier on we discussed the relationship between poverty and ill health. What I would like to elaborate on is the relationship between poverty as a total thing and the economic factor, because poverty is certainly not just economic. There are instances where poverty is neither economic nor felt, although it exists. For instance, there are people who take self-imposed vows of poverty. They are by definition poor but they do not feel it and they need not be actually poor. In the life now of a great many young people, the hippies and yuppies who have taken up quite a lot of the leadership population, there is disdain for possession. So there are thousands of kids in the rising generation who are spending 100 per cent—not 70 per cent of their earnings or money for subsistence, but they neither feel poor nor are they poor. Then of course there are the economically poor who do not feel poor, who have a rich family life and healthy children and who are essentially living on the produce that they raise themselves. So there are at least three categories of people, and probably many more, among whom poverty exists by definition although it is neither economic or felt.

Then there are situations where poverty is felt and felt very acutely but it is not economic because there are lots of people in urban areas, in Toronto, Montreal and Vancouver, who earn between \$6,000 and \$10,000 a year and support a large family. They live in an urban area in an era of inflation, and it does not matter that they happen to earn as much as this. The fact is that as a result of inflation and because they cannot make ends meet, they do spend 70 percent or more of their \$6,000 to \$10,000 on subsistence. In other words, wherever there is a disparity between a person or group and their neighbours, poverty is felt even if it is not economic.

One could add to this. One could say that poverty is extremely acutely felt on the basis of a rising expectancy. If everyone is poor in a rural area in Canada, or if there is a depression and everyone is poor, there is no rising expectancy. Everyone is equal with his neighbour and there is no acutely felt poverty.

But if there is an intermixing with some groups as in pockets of poverty in urban Toronto, people expect to be well off and if they are not, no matter what their level of income, they feel themselves to be acutely poor.